



*Your Guide to*

**PASSPORT**  
HEALTH ★ PLAN



# Welcome Passport Health Plan Member!

Welcome to Passport Health Plan. You are now a member of one of the best Medicaid health plans in the nation! We care about you and want to help you get the best care.

We partner with the state of Kentucky to offer Passport Health Plan. The state Medicaid program is called *KyHealth Choices*. You became a Passport Health Plan member because you live in our service area and are eligible for Medicaid.

This Member Handbook will help you get the most out of the benefits and services available to you.

*At Passport Health Plan, you have a CHOICE!*

**Your 1st step** is to choose a primary care provider (PCP) to take care of your basic medical needs and make referrals to specialists when you need them. **Call Member Services to choose your PCP.** You can pick a PCP from the Primary Care Provider Directory included in this packet or visit our on-line directory at [www.passporthealthplan.com](http://www.passporthealthplan.com). If you do not choose a PCP within 30 days of enrollment, Passport Health Plan will choose one for you. **Please call us with your choice today!**

**Your 2nd step** is to fill out the red and white **Personal Information Form** included in this packet. There are two forms included with this Handbook. Please fill out a form for each Passport Health Plan member in your household. Once you fill out the form(s), please send them back to us right away in the postage-paid envelope. If you need extra copies, please call Care Coordination at 1-877-903-0082 and someone will mail them to you. These forms will give us the information we need to find programs and services that can help you.

**Your 3rd step** is to watch the mail for your ID cards. You will receive a red and white Passport Health Plan ID card after you call Member Services and choose a PCP. You will also receive a blue and white Medicaid ID card called *KyHealth Choices*.

## Call Us – We’re Here for You

Passport Health Plan has 2 phone lines ready to serve you! You can call us Monday – Friday, 8:00 am to 6 pm (EST).

### Member Services 1-800-578-0603, press 2

Call our Member Services line for help with your benefits. A Member Services representative can answer your questions about benefits, help you choose a PCP, and much more. To learn more about how Member Services can help you, see page 4.

### Care Coordination 1-877-903-0082

Call our Care Coordination line to get help with your health care. A Care Connector will get you to the right person so you can get the care you need. To learn more about how Care Connectors can help you, see page 17.

TTY/TDD users may call 1-800-691-5566.

# Table of Contents

<b>1. MEMBERSHIP</b> . . . . .	<b>4</b>	<b>4. OTHER INFORMATION</b> . . . . .	<b>25</b>
Member Services . . . . .	4	How Passport Health Plan Makes	
Your ID Cards . . . . .	5	Decisions . . . . .	25
Primary Care Provider (PCP) . . . . .	6	If You Have Questions About	
Other Medical Coverage . . . . .	8	Utilization Management (UM) . . . . .	26
<b>2. BENEFITS</b> . . . . .	<b>9</b>	New Technologies . . . . .	26
What is Covered . . . . .	9	Advance Health Directives . . . . .	26
What is Not Covered . . . . .	10	If You Get a Bill or Statement . . . . .	26
Direct Access Services . . . . .	10	<b>INSERTS</b> (In the Back)	
Urgent Care or Emergency Care . . . . .	11	• You Pay Little to Nothing for Your Benefits	
Dental Care . . . . .	12	• Transportation	
Vision Care . . . . .	12	• Urgent Care Centers	
Behavioral Health . . . . .	13	• Copays and Premiums	
Long Term Care . . . . .	13	• Audio Health Library Directions and Topics	
Pharmacy . . . . .	13	• The EPSDT Program – Children and Teens	
When You Need to See a Specialist . . . . .	15	Preventive Health Guidelines	
Second Opinions . . . . .	16	• Adult Preventive Health Recommendations	
When You are Out of the Service Area . . . . .	16	• Your Health and Quality of Life Count	
Personal Information Form . . . . .	16	• What to Expect from your OB Provider During	
Special Programs . . . . .	16	Pregnancy	
Family Care . . . . .	18	• Notice of Privacy Practices	
Preventive Health . . . . .	20		
Nurse Advice Line . . . . .	20		
Audio Health Library . . . . .	21		
<b>3. YOUR RIGHTS AND RESPONSIBILITIES</b>			
<b>AS A PASSPORT HEALTH PLAN</b>			
<b>MEMBER</b> . . . . .	<b>21</b>		
Rights and Responsibilities . . . . .	21		
Getting Care if You Need an Interpreter			
or Translator . . . . .	22		
If You Have a Grievance or Wish to			
File an Appeal . . . . .	23		

Visit our website at [www.passporthealthplan.com](http://www.passporthealthplan.com) to find this Handbook and to print a copy of your benefits. To find this Handbook, click on “**Members**” – then “**Member Handbook**.” To print a copy of your benefits, click on “**Members**” – then “**Your Benefits & How-To Guide**.” You may also call Member Services and we will mail you a copy.

# 1. Membership

Passport Health Plan does not decide who becomes eligible. Your local Department for Community Based Services (DCBS) office will decide who becomes a Passport Health Plan member. Passport Health Plan members must live in one of the counties listed below. These 16 counties make up the Passport Health Plan service area. If you have any questions about eligibility, please call your local DCBS office as listed below.

## DCBS Office Phone Numbers in the Passport Health Plan Service Area

Breckinridge	(270) 756-2156
Bullitt	(502) 543-7081
Carroll	(502) 732-4271
Grayson	(270) 259-4041
Hardin	(270) 766-5029
Henry	(502) 845-2110
Jefferson	(502) 595-4238
LaRue	(270) 358-3176
Marion	(270) 692-6036
Meade	(270) 422-3974
Nelson	(502) 348-9282
Oldham	(502) 222-9191
Shelby	(502) 633-3530
Spencer	(502) 477-2224
Trimble	(502) 255-3278
Washington	(859) 336-3977

Call the DCBS office near you if you have any major changes in your life. A major change may be a new address, a change in family size, or if you change your job.

The 1st step for most members is to choose a primary care provider (PCP). Your PCP will take care of all your basic medical needs. Members in foster care do not have to choose a PCP. But, we suggest these members choose one provider to take care of their health care.

## Member Services

Our Member Services staff is ready to help you get the most from Passport Health Plan. Call us if you:

- Have questions about your benefits or how Passport Health Plan works.
- Want to change your primary care provider (PCP).
- Need a new Passport Health Plan ID card.
- Have a change in address or name.
- Want to ask questions or to check your eligibility.
- Receive a bill in the mail.

**Member Services**  
**1-800-578-0603, press 2**  
**8:00 am - 6:00 pm EST**  
**Monday - Friday**

You can also visit our website at [www.passporthealthplan.com](http://www.passporthealthplan.com). Click on “Members” to go to a special area just for Passport Health Plan members.

For members with TDD (Telecommunications Device for the Deaf) or TTY (Teletypewriter) equipment, call 1-800-691-5566. You may also call Member Services to receive this Handbook in Braille, on cassette tape, or in other languages.

## Your ID Cards

You will get 2 plastic ID cards in the mail: Passport Health Plan ID card and Medicaid ID card. The Medicaid ID card is called *KyHealth Choices*. **Keep both cards with you at all times.**

Your Passport Health Plan ID card will be mailed to you after you call Member Services and choose a primary care provider (PCP). You will only get one Passport Health Plan ID card unless something in your life changes or you change your PCP.

Each family member will get his or her own Passport Health Plan ID card. When you get your ID cards in the mail, check everything on the cards. If there is an error on the Passport Health Plan ID card, call Member Services.

Each family member will also get a Medicaid (*KyHealth Choices*) card. If there is an error on your Medicaid (*KyHealth Choices*) card or if you lose it, call the Department for Community Based Services (DCBS). See the “Membership” section on page 4 to find out which office you should call.

## Things to Know About Your ID Cards

- **Carry both ID cards with you at all times.**
- The ID cards can only be used by the member whose name is on the card. Do not let anyone else use your card! If you do, you may have to pay for their costs or lose your eligibility for Medicaid.
- Your provider may ask you to show a picture ID. This is to make sure the right person is using the card.

## What Your ID Cards Will Look Like

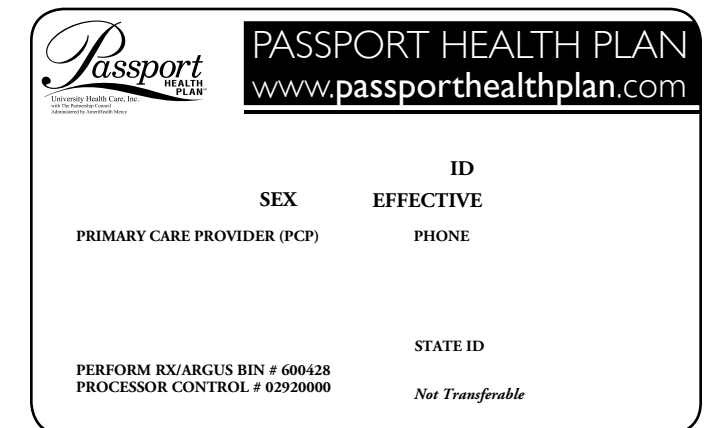
### Medicaid Card

This card is for mental health and transportation services.



### Passport Health Plan Card

This card is for medical visits, dental, vision, and prescriptions.



### REMEMBER:

- Keep both cards with you at all times.**
- Show both cards at each provider visit.**

### What is on the Medicaid (*KyHealth Choices*) card?

Some of the things on the front of the card:

- Member's name.
- Medicaid ID number.

## What is on the Passport Health Plan ID card?

Some things on the front of the card:

- Effective date – this is when you can start using your card.
- Member's name.
- Passport Health Plan ID number.
- Primary care provider (PCP) group name.
- PCP group phone number.
- State ID number.

Some things on the back of the card:

- Passport Health Plan's Member Services phone number.
- Nurse Advice Line phone number.

## Primary Care Provider (PCP)

Your primary care provider (PCP) is the provider who gives you most of your care. Your PCP will get to know your health history, take care of your basic medical needs, and make referrals when you need them. He or she will work with you to keep you healthy!

### Choosing Your PCP

As a Passport Health Plan member, you can choose your PCP. You can choose one PCP for the entire family or you can choose a different PCP for each family member. You may choose one of the following:

- General provider (general doctor)
- Family provider (family doctor)
- Nurse Practitioner
- Physician Assistant (someone who practices under the supervision of a doctor)
- Internist (doctor or provider)
- Pediatrician (doctor or provider who only sees children and adolescents)
- OB/GYN, if he or she is signed up with

Passport Health Plan as a PCP. An OB/GYN is a doctor or provider who sees women for things like gynecology, pap smears, and pregnancy.

Call Member Services right away to choose your PCP. If you do not choose a PCP within 30 days of enrollment, Passport Health Plan will choose one for you. A representative will tell you if a provider is taking new patients. If you are not sure which PCP to choose or need care before you have chosen a PCP, tell the representative and someone will help you. You can choose a PCP from the Primary Care Provider Directory that comes with this Handbook. You may also find this list on our website at [www.passporthealthplan.com](http://www.passporthealthplan.com).

There could be a time when you are not eligible for Passport Health Plan and then you become eligible again. If this happens to you, call Passport Health Plan and choose your PCP again.

**Provider** is a word we use in this Handbook. A **provider** is a nurse practitioner, doctor, or anyone listed under Choosing Your PCP. The word **provider** in this Handbook means a person who practices medicine.

A PCP is your medical home and the one provider who keeps track of all of your medical care. Your PCP is with you for the long term and can tell you what is normal for you and what is not. Members living in foster care do not have to choose a PCP. But, we suggest all members choose a PCP and benefit from a medical home.

If you would like to know about any provider's education, board certification, or residency training, please call Member Services. We can mail this information to you. Provider board certification is

listed in your Primary Care Provider Directory that comes with this Handbook. You may also find provider board certification at [www.passporthealthplan.com](http://www.passporthealthplan.com).

- 1) Click on **Members**.
- 2) Click on **Find a Provider**.
- 3) Click on **Primary Care Provider Directory**.

### Changing Your PCP

#### When can you change your PCP?

You can change your PCP:

- Up to 90 days after you were assigned your first PCP.
- Once a year for any reason.
- If your assigned PCP no longer accepts Passport Health Plan.
- If your PCP change is ordered as a result of an appeal.
- During the year if you have a good reason. A good reason may be:
  - You cannot get services you think you need.
  - You think you have received poor quality care.

Your PCP request may be denied if you have changed your PCP too many times or you are in the Lock-In program. If you decide to change your PCP, call Member Services and tell them the name of the new PCP you would like. If the PCP is approved, Passport Health Plan will send you a new ID card that lists your new PCP. Your PCP change will start the 1st day of the next month. You must continue with the old PCP until the start date of your new PCP. You will get a new card 10 to 15 days after you call us with your new choice.

Your PCP can ask that you be removed from his or her practice. If this happens, you will be assigned to a new PCP. Some reasons your PCP may ask for this change include:

- You and your PCP do not get along.
- Your PCP cannot meet your medical needs.
- Passport Health Plan decides it is needed.

### What to Expect from Your PCP

Below are some things your PCP will do for you:

- Give you most of the medical services you need.
- Set up your medical services and visits to other providers and/or specialists.
- Order prescriptions or tests for you.
- Keep your medical records up-to-date.
- Give you advice and answer your questions about your health care.
- Give you regular physical exams, as needed. This includes Early Periodic Screening, Diagnosis and Treatment (EPSDT) services for members under 21. See page 19 or the Preventive Health Guidelines in the back of this Handbook.
- Give you covered immunizations (shots) as needed.
- Keep track of your preventive health needs – such as screenings (mammograms, pap smears, etc.) and immunizations (shots).
- Talk with you about advance health directives. See the “Advance Health Directives” section on page 26.

### Getting Care from Your PCP

Your PCP will get to know you and be there when you need medical help. Call your PCP's office anytime you have a question about your health or medical care. He or she can help you get the services you need. You can call your PCP 24 hours a day, 7 days a week. When you call your PCP, he or she will tell you what you need to do.

When you need to see your PCP, call the office for an appointment. Your appointment time is important and should be taken seriously. Please arrive at your appointments on time. Carry both your Passport Health Plan card and your Medicaid (*KyHealth Choices*) card at all times.

If you cannot keep an appointment, call the office right away and let them know. When you call to cancel, you can make another appointment. If you do not call to cancel, some offices may refuse to see you again.

**Please be respectful and call your provider's office when you cannot make an appointment.**

### *Office waiting times*

- You may wait about 15 to 45 minutes for your appointment. If the PCP or other provider has an emergency, you could wait longer.
- You may have longer wait times if your PCP's office is a walk-in clinic.

### *Routine appointments and preventive care*

You should be given an appointment within 30 days for:

- New patient visits
- School exams - schedule ahead of time before the school year starts
- Routine physical exams
- Health screenings
- Vision exams
- Lab tests and x-rays

### *Urgent care*

- Urgent care should be used for something that is not a threat to your life, but needs to be looked at right away.
- You should be given an appointment with your PCP within 48 hours.

If you feel that your provider is not seeing you as stated above, please call Member Services.

## **Other Medical Coverage**

### *If You Have Other Medical Coverage*

If you have other medical coverage, please let your Department for Community Based Services (DCBS) office and Passport Health Plan know. This will make sure your bills get paid by all of your insurance companies and that you do not receive a bill. Passport Health Plan is the payer of last resort. This means your other health insurance companies must pay first. Once they have paid their part, Passport Health Plan will pay last. When Passport Health Plan is the payer of last resort or secondary insurance, you must still follow all Plan rules for referrals and authorizations.

If you get hurt and someone else is responsible for your injury, let the provider know at the time of the accident. You should also call Member Services and let us know. Some examples of when you should call are if you are in a car wreck or if you get hurt on the job. If you have other coverage through your job or car accident, we will pay after the other companies have paid their part.

Always ask if a provider is signed up with Passport Health Plan. If you go to a provider who does not bill your other coverage or Passport Health Plan, you may have to pay some or all of the bill yourself.

### *If You Have Medicare and Passport Health Plan*

Some members have both Medicare and Medicaid benefits coverage.

If you are a Passport Health Plan member with Medicare Parts A and B, you may be able to join our Medicare Advantage Prescription Drug Plan called **Passport Advantage HMO SNP**.

### *What Does Passport Advantage Cover?*

If you enroll in Passport Advantage, you will be a member of 2 plans. You will get Medicare benefits for your hospital stays, doctor visits, and prescription drugs (Medicare Parts A, B, and D.) You will also continue to get your Medicaid benefits through Passport Health Plan.

### *How Much Does it Cost?*

As long as you remain a Passport Health Plan member, Passport Advantage members pay:

- A \$0 monthly plan premium.
- A \$0 charge for most covered services.
- Very low copays for covered medicines.
- No "doughnut hole" or coverage gap for covered medicines for members with Low Income Subsidy (LIS).

### *Find Out More*

If you will soon be eligible for Medicare, or would like to learn more about Passport Advantage, please call 1-800-578-0603 then press 1. You may call 7 days a week from 8 a.m. to 8 p.m. TTY users please call 1-800-648-6056. You may also visit our website at [www.passportadvantage.org](http://www.passportadvantage.org).

Passport Advantage is a health plan with a Medicare contract. The benefit information provided herein is a brief summary, not a comprehensive description of benefits. For more information, contact the plan.

## **2. Benefits**

### *What is Covered*

Below are some of the services covered by Passport Health Plan. Please call Member Services for more details.

- Alternative birthing center services.
- Ambulatory surgical center services.
- Ambulance transportation for emergencies – when you are transported in an emergency condition, usually to the hospital, resulting from an accident, serious injury, or illness that makes it impossible to use other types of transportation.
- Ambulance transportation for some non-emergencies (if needed) – when you cannot get out of bed before or after receiving medical care or you must be moved by a stretcher in order to receive care.
- Non-emergency transportation (See the Transportation Sheet in the back of this Handbook.)
- Basic dental care.
- Basic hearing care.
- Basic vision care.
- Behavioral health services (see page 13).
- Case management services.
- Chiropractic services.
- Disease screenings and treatment – such as tuberculosis, HIV, AIDS, HPV and sexually transmitted diseases.
- Durable medical equipment (DME) and supplies – such as wheelchairs or crutches.
- Early and Periodic Screening, Diagnosis and Treatment (EPSDT) – health checkups, screenings, and immunizations for children,

from birth to age 21. See more information about EPSDT on page 19.

- End stage renal dialysis services.
- Family planning (birth control).
- Flu shots.
- Home health services.
- Hospice care.
- Hospital services – inpatient and outpatient.
- Immunizations (shots).
- Long term care (see page 13).
- Meals and lodging for appropriate escort of members.
- Medical care during pregnancy.
- Medical detox.
- Organ transplant services.
- Physical, occupational, and speech therapy.
- Podiatry (foot) services.
- Prescription drugs – some may require prior authorization.
- Preventive health services.
- Provider office visits – routine, urgent, and emergency care.
- Some over-the-counter drugs prescribed by a provider.
- Specialty care – most members need a referral from a PCP to see a specialist. Members who are in out-of-home placement (foster care, etc.), Medicare or Passport Advantage, do not need a referral to see a specialist signed up with the Plan.
- X-rays and laboratory services.

### What is Not Covered

Some services are not covered by Passport Health Plan. They are:

- Abortions, unless the life of the mother is in danger, or in the event of rape or incest.
- Cosmetic surgeries and medicines.

- Experimental procedures or drug therapy.
- Funeral or burial costs.
- Hysterectomy, if performed for hygiene or sterilization reasons only.
- Infertility treatment (medical or surgical).
- Making mentally ill patients or persons in the hospital sterile. Sterile means you cannot have a baby.
- Oral surgery that is cosmetic.
- Paternity testing.
- Personal care items. For example: hair brushes, shampoo, toothpaste, feminine hygiene products.
- Personal items or services while you are in the hospital, such as television or telephone.
- Reversing or changing back surgeries like tubal ligation (having your tubes tied) or vasectomy.
- Services, medicines and medical equipment that are not medically necessary.
- Services provided in countries other than the United States, unless approved by the Secretary of the Kentucky Cabinet for Health and Family Services.
- Sex change operations.
- Specialty care not set up by your PCP. This does not apply to members with Medicare or Passport Advantage (you have Passport Health Plan and you have chosen Passport Advantage for your Medicare Advantage plan), or children in out-of-home placement (foster care). See the “When You Need to See a Specialist” section on page 15.

### Direct Access Services

As a Passport Health Plan member, you may get some services without seeing your PCP. These services are called Direct Access Services.

Here is a list of direct access services that you may get without going to see your PCP:

- Chiropractic care.
- Dental care.
- Diabetes eye test.
- Family planning (birth control).
- Maternity care.
- Immunizations (shots).
- Routine women’s care (GYN - gynecology).
- Mammogram – breast cancer screening.
- Pap smears – cervical cancer screening.
- Basic vision care.
- Sexually transmitted disease screening, evaluation and treatment.
- Tuberculosis screening, evaluation and treatment.
- Testing for Human Immunodeficiency Virus (HIV), HIV-related conditions, and other diseases passed from person to person.

## Urgent Care or Emergency Care?

### Urgent Care

An urgent care center is used for something that is not a threat to your life, but needs to be looked at right away. Anytime you think your situation needs urgent care, you should always call your PCP first. Your PCP can see if he or she can work you into their schedule. If you are not sure if your situation needs urgent care, your PCP can help you decide what to do.

If you would like to see a list of the urgent care centers signed up with Passport Health Plan, see the “Urgent Care Centers” sheet in the back of this Handbook.

### Emergency Care

The emergency room is used when you think a medical situation is a threat to your life or can seriously harm your health if you do not get care right away. The emergency room staff will decide how soon you will be seen. It will be based on your medical needs.

Examples of some emergencies:

- Bad cuts or burns
- Miscarriage (losing a baby) or pregnancy with vaginal bleeding
- Head or eye injuries
- Danger of loss of life or limb (such as an arm or a leg)
- Blackouts
- A motor vehicle accident with an injury
- Chest pain
- High fever
- Choking
- A physical attack or rape
- Difficulty breathing
- Heavy bleeding
- Loss of speech
- Taking too much medicine or drugs (overdose)
- Paralysis (unable to move)
- Poisoning
- Possible broken bones
- Convulsions (seizures)

If 911 service is not available in the area, call the local operator.

There are times when it is hard to know if your situation is an emergency. If you are unsure, here are some ways to help you decide if a situation is an emergency:

## 1. Call your primary care provider (PCP).

You can call your PCP 24 hours a day, 7 days a week. He or she can help you decide if emergency care is needed. Be ready to tell your PCP as much as you know about the medical problem. Be sure to tell him or her:

- What the problem is.
- How long you or another family member has had the problem.
- What has been done for the problem so far.

Your PCP may ask other questions. He or she can help you decide:

- If you need an appointment.
- If you should go to the urgent care center.
- If you should go to the emergency room.

Write down the names of all your family's PCPs and their telephone numbers. Keep it in a handy place in case you need it.

## 2. Call Passport Health Plan's 24-hour Nurse Advice Line.

If you cannot reach your PCP, you may call our Nurse Advice Line to speak with a registered nurse. A nurse is available 7 days a week, 24 hours a day. Be ready to tell the nurse as much as you know about the medical problem. He or she may ask other questions. The nurse will then help you decide what to do.

Nurse Advice Line  
24-hours/7 days a week  
1-800-606-9880

If you are hearing impaired, TTY users may call the Kentucky Relay Service at 1-800-648-6056.

If you go to the emergency room, call your PCP for follow-up care. Do not go to the emergency room for follow-up care.

## Dental Care

Listed below are the covered dental benefits for adults and children.

Adults (21 years or older)

- 1 dental cleaning per year.
- Other services, if needed.

### Dentures are not covered for adults.

Pregnant women

- 1 plaque removal visit per pregnancy.

Children and teens (younger than 21 years)

- 2 dental cleanings per year.
- Other services, if needed.

If medically necessary, children and teens can get more dental visits and services under EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Expanded Services.

## Vision Care

Listed below are the covered vision benefits for adults and children.

Adults (21 years or older)

- 1 eye exam per year.

### Eyeglasses or contact lenses are not covered for adults.

Children and teens (younger than 21 years)

- 1 eye exam per year.
- 1 pair of eyeglasses, if needed.

If medically necessary, children and teens can get more vision services and eyeglasses under EPSDT

(Early and Periodic Screening, Diagnosis and Treatment) Expanded Services.

## Behavioral Health

Passport Health Plan wants members to get behavioral health care when needed. Your primary care provider (PCP) may treat your behavioral health and mental health care needs, or he or she may direct you to a behavioral health care provider. Passport Health Plan pays for prescriptions written for you by a psychiatrist or PCP.

Services you get from behavioral health care providers, such as office visits and group therapy, are not covered by Passport Health Plan but are covered by Medicaid (*KyHealth Choices*). We encourage you to talk to your PCP about any of these services. He or she can direct you to any Medicaid behavioral health provider.

The following agencies also provide behavioral health and mental health care services in the Passport Health Plan service area:

### Communicare Inc.

Serving Breckinridge, Grayson, Hardin, LaRue, Marion, Meade, Nelson, and Washington Counties.

For appointments, call 1-888-344-8066 or (270) 769-1304.

### Seven Counties Services, Inc.

Serving Bullitt, Jefferson, Oldham, Shelby, Spencer, Henry, and Trimble Counties.

For appointments, call (502) 589-1100 or 1-800-264-8799.

**Northern Kentucky Regional Mental Health**  
Serving Carroll County.

For appointments and emergency care, call 1-877-331-3292 or (859) 331-3292.

## Long Term Care

If you are admitted to a skilled nursing facility for long term care, Passport Health Plan will help you. The services you get such as room and board will be covered by Medicaid (*KyHealth Choices*). Passport Health Plan will cover other services while you are in a skilled nursing facility such as physical, occupational, and speech therapy. Once you have been in a skilled nursing facility for 30 days, you will be covered by Medicaid (*KyHealth Choices*). Medicaid (*KyHealth Choices*) will then cover all of your care. If you are admitted to a skilled nursing facility or have questions, please call Member Services.

## Pharmacy

### Getting Prescriptions

#### How to get your prescriptions?

- When your provider gives you a prescription, ask if it needs prior authorization (see page 14). If the provider says "yes", you could wait longer once you arrive at the pharmacy. If you do not want to wait, ask for another medicine that does not need prior authorization.
- Go to a pharmacy that is signed up with Passport Health Plan and give them your prescription. To find out if a pharmacy is signed up with Passport Health Plan, call Member Services or go to [www.passporthealthplan.com](http://www.passporthealthplan.com).

- Show the pharmacy your Passport Health Plan ID card.

#### General information about your prescriptions:

- You will get no more than a 30 day supply of any drug at one time.
- If a generic form of the medicine is available, it will be given to you as long as it's a covered benefit.
- Some over-the-counter medicines may be paid for if your provider writes you a prescription. The medicine must be part of your treatment plan.
- You may be asked to pay a small amount (copay) for each prescription, including over-the-counter medicines. See the "Copays and Premiums" sheet in the back of this Handbook.
- Some medicines may need prior authorization or step therapy. Prior authorization means the medicines must be approved before you can get them. Step therapy is a step-by-step approach used to find which medicine works best for you.

#### Where can you find a list of covered drugs?

The list of medicines we pay for is on our website at [www.passporthealthplan.com](http://www.passporthealthplan.com). You may also call Member Services for this list. New medicines come out all the time, so the list may change.

#### What medicines are not covered by Passport Health Plan or Medicaid (KyHealth Choices)?

- Cosmetic products. For example: hair removal, hair growth products, or skin blemish creams.
- Fertility drugs – medicines to help you get pregnant.

- Medicines used for research that are not approved by the Food and Drug Administration (FDA).
- Medicines that are not medically necessary.
- Erectile dysfunction drugs (Viagra, Levitra and Cialis).
- Herbal supplements.
- Stop-smoking products. Other stop-smoking help may be available. Please call Care Coordination at 1-877-903-0082.

#### What if you have Medicare and need a prescription?

If you have Medicare and need a prescription go to the "If You Have Medicare and Passport Health Plan" section on page 9.

#### *Prior Authorization*

#### What is prior authorization?

Prior authorization is when the medicine prescribed for you needs special approval from Passport Health Plan. If your medicine needs prior authorization, your provider will take care of it. Once Passport Health Plan receives a prior authorization request from your provider and approves it, the pharmacy will give you the medicine.

#### What if you need a medicine that must be prior authorized?

- Your provider must fill out an authorization request form and send it to Passport Health Plan's pharmacy benefits manager (PBM).
- The PBM checks to see if the request meets the medical guidelines for the medicine.
- If the authorization is approved, a note is sent to your provider and the pharmacy.

- If the authorization is not approved, you and your provider will get a letter stating the reason for the decision.
- If you disagree with the decision, you may file an appeal. Please see the "Filing an Appeal" section of this Handbook on pages 23 – 25. It tells how to appeal a medical decision.

#### What medicines need prior authorization?

- Brand name forms of a medicine, if there is a generic form of the drug.
- Some medicines that need special handling, delivery, monitoring, or that need to be taken in a special way.

#### What if you have to pay for a medicine?

Passport Health Plan may give you a refund, if you were eligible for the medicine at the time you paid for it. You may not be paid back for medicines that:

- Need prior authorization.
- Are not covered.
- Are not medically necessary.
- Go over the dose and supply limits set by the U. S. Food and Drug Administration (FDA) or go over the 30 day benefit.
- Are from a pharmacy that is not signed up with Passport Health Plan.

You must ask for a refund in writing. Please attach a pharmacy receipt that includes:

- Date you bought the medicine.
- Member's name.
- Member ID number.
- Drug store name, address (city, state, zip code), and phone number.
- Name, strength, and amount of medicine.
- NDC number or UPC code (for over-the-counter medications only). If you

are not sure about this, ask the pharmacist to help you.

- Amount you paid for each medicine.

If the receipt does not include all these things, you will not be refunded. The receipt will be mailed back to you. Receipts should be turned in as soon as you get them. Receipts older than 180 days will not be paid. It may take 6 to 8 weeks before you get your money back.

Send the detailed pharmacy receipt, member's name, member's Passport Health Plan ID number, and contact information to:

Passport Health Plan  
ATTN: Pharmacy Department  
5100 Commerce Crossings Drive  
Louisville, KY 40229

#### What if I need extra medicine to go on vacation or out-of-town?

- You can ask your pharmacy to give you extra medicines. This is called a "vacation supply" of medicine.
- You may get a "vacation supply" based on your situation.

## When You Need to See a Specialist

Your primary care provider (PCP) will help you choose a specialist for your condition. He or she will fill out a referral form for the specialist. Please ask for a copy and take it to your specialist appointment. This form tells the specialist that your PCP has approved the services shown on the form. Make sure you go to a specialist who is signed up with Passport Health Plan. If you do not, you may have to pay for services.

Members who have Medicare or Passport Advantage (you have Medicare and Passport Health Plan), or children living in out-of-home placement (foster care, etc.) do not need a referral to see a specialist.

## Second Opinions

You have the right to a second opinion. If you want another medical opinion, tell your primary care provider (PCP). He or she will fill out a referral form for another provider or contact Passport Health Plan for approval. You may have to take the referral form with you to the provider. This form tells the other provider that your PCP has approved the services.

## When You are Out of the Service Area

If you are out of Passport Health Plan's service area and have an emergency, call 911. If 911 services are not available in the area, call the local operator or go to the nearest emergency room. If you need services when you are out of our service area, be sure to show all of your ID cards. Your ID cards have information the provider will need. If you need routine or urgent care, please call your primary care provider (PCP) and he or she will tell you what to do. Remember, not all providers outside the service area are signed up with Passport Health Plan. If you go to a provider that is not signed up with us, you may have to pay the bill. The provider must be willing to bill Passport Health Plan for services.

**\* A map of the Passport Health Plan service area is on the back cover of this Handbook.**

## Personal Information Form

Passport Health Plan wants to know how we can better serve you. One way we do this is by asking you to fill out the **Personal Information Form** found in the back of this Handbook. There are two forms included with this Handbook. Please fill out a form for each Passport Health Plan member in your household. This form gives us the information we need to find programs and services that can help you. Once you fill out the form, please send it back to us right away in the postage-paid envelope we have provided for you. If you need extra copies or help filling out the form, please call Care Coordination at 1-877-903-0082.

## Special Programs

### Case Management

If you or your child have special health care needs or are disabled, case management may be able to help you. Passport Health Plan's case managers are registered nurses or social workers. They can help you understand major health problems and set up care with your providers. A case manager will work with you and your provider to help you get the care you need.

Some examples of members who may need case management are:

- Members who need help with one or more health problems.
- Members who need help getting community resources such as housing and heating assistance.
- Members who have cancer.
- Members who are HIV positive or have AIDS.
- Foster care children.
- Members who have diabetes.

- Members who have sickle cell.
- Members who have Chronic Obstructive Pulmonary Disease (COPD).

If you think case management can help you, call Care Coordination at 1-877-903-0082. A case manager will call you back to talk about your needs. Remember, being a part of case management is your choice.

### Asthma Program

Passport Health Plan has a special program for members with asthma. An asthma manager is here to answer your questions and work with you and your PCP to help you control your asthma. Members with asthma get information in the mail about:

- Things that make asthma worse and how to avoid them.
- Supplies that will help control asthma (peak flow meter and asthma action plans).
- Asthma medicines.

If you have questions about the program, please call an asthma manager at 1-877-903-0082, press 0, then press 78307.

### Diabetes Program

Passport Health Plan has a special program for members 18 years and older with diabetes. A diabetes manager can answer your questions and work with you and your PCP to help control your diabetes. A diabetes manager can:

- Answer questions about your diabetes and what you can do to help control it.
- Help you get supplies you may need.
- Help you get diabetes education classes.
- Remind you about tests related to your diabetes.
- Work with your PCP to help meet your needs.

If you have any questions about the program, please call a diabetes manager at 1-877-903-0082, press 0, then press 78259.

### Care Connectors

Passport Health Plan has a special team for members who need help with their health care. The team is called **Care Connectors**. Care Connectors are ready to get you to the right person so you can get the care you need.

### How can Care Connectors help you?

- Help connect you with case and disease management programs.
- Answer questions about your health.
- Set up provider visits for you.
- Set up rides to your medical visits, when appropriate.
- Set up health screenings for you.
- Find services in your area.
- Schedule follow-up care with a specialist if you visited the emergency room.
- Help you with long-term diseases such as asthma, diabetes, or COPD.
- Help with pharmacy problems such as prescription refills and prior authorizations.
- Find resources such as help with electric bills or food stamps.
- Enroll you in our Yes, You Can! Quit Smoking program.

If you need help getting the care you need, please call us at 1-877-903-0082. TTY/TDD users may call 1-800-691-5566.

# Family Care

## Care During Pregnancy

Care during pregnancy and 6 to 8 weeks after you deliver is called perinatal care. If you are pregnant, you should get perinatal care from an OB provider that is signed up with Passport Health Plan. Call an OB provider and make an appointment as soon as you know you are pregnant.

### How soon you will get an OB appointment

You can expect to see your OB provider for an appointment in:

- The first 3 months of pregnancy - your visit will be scheduled within 14 days after you ask for it.
- 3 and 6 months of pregnancy - your visits will be scheduled within 7 days after you ask for them.
- The last 3 months of your pregnancy - your visits will be scheduled within 3 days after you ask for them.

If you would like a list of all the pregnancy services, see “What to Expect from Your OB Provider During Pregnancy” in the back pocket of this Handbook. You can also find this on Passport Health Plan’s website. Visit our website at [www.passporthealthplan.com](http://www.passporthealthplan.com) and click on **Members**, then:

- 1) Click on **Benefit Information**.
- 2) Click on **What to Expect From Your OB Provider During Pregnancy**.

## Mommy & Me Program (Pregnant Women)

Passport Health Plan has a special program for pregnant women called *Mommy & Me*. *Mommy & Me* helps moms-to-be care for themselves and their babies.

When you join *Mommy & Me*, a registered nurse is here to work with you during your pregnancy. A *Mommy & Me* nurse can help you and your baby get the right care.

Your *Mommy & Me* nurse can answer questions about:

- Your pregnancy.
- Transportation to appointments and childbirth education classes.
- Clothes, food and other things you and your baby need.
- Nutrition and vitamins.
- Caring for and feeding your newborn.
- Dealing with the stress of being pregnant.
- Getting help with an alcohol or drug problem.
- WIC program (provides you with food vouchers).
- Things that could be harmful to your unborn baby.
- Community resources and services you may need.

To talk to someone about *Mommy & Me*, please call 1-877-903-0082, press 0, then press 77908.

### Passport Health Plan Benefits For Your Newborn

If you want your baby to receive Passport Health Plan benefits right away, do the following as soon as possible:

- First, you must tell your Department for Community Based Services (DCBS)

caseworker that you have had a baby. If you receive Social Security income, you must apply with DCBS to get benefits for your baby. You must do this as soon as possible. If not, your baby may not be enrolled or get benefits.

- Second, you need to call Member Services to tell them about the birth. You will also need to pick a primary care provider (PCP) for your baby.

Member Services will need to know:

- Your baby’s full name
- If your baby is a boy or a girl
- Your baby’s date of birth
- Your mailing address
- Your phone number
- Your baby’s PCP

### After Your Baby Is Born

Make an appointment with your OB provider 4 to 6 weeks after your baby is born. If you had a normal delivery, the best time is 4 to 6 weeks after the birth. If you had a C-section (cesarean) or any problems, your OB provider will want to see you within the 1st or 2nd week after the birth. You will also need a visit in 4 to 6 weeks. **A postpartum visit is very important because your OB provider can make sure your body is healing.**

## EPSDT Program (Children and Teens)

### Preventive Health Care for Your Child or Teen

The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program can give your child a chance against disease.

Through the EPSDT program, your child’s primary care provider (PCP) will work with you to make

sure your child gets the EPSDT benefits offered through Passport Health Plan.

EPSDT is a preventive health program for children and teens younger than the age of 21.

EPSDT includes ongoing:

- Medical history and physical exams.
- Growth and development checkups.
- Vision screens.
- Hearing screens.
- Dental screens.
- Nutrition counseling.
- Lab testing such as blood lead level.
- Mental health and risk behavior assessments – like safety, drugs, alcohol, etc.
- Immunizations (shots).
- Health education for parents and teens.
- Referrals for diagnosis/treatment, when needed.

If your child’s PCP finds a problem that needs more care, he or she may suggest a specialist. Some services may be paid for under EPSDT Expanded Services if they are medically necessary. These services may include more dental and vision care, health education and other special care and supplies. Depending on the category of aid, your child may not be eligible for EPSDT Expanded Services.

EPSDT checkups are suggested at these ages:

- 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 24 months
- 3 years
- 4 years
- 5 years
- 6 years
- 8 years
- Every year from ages 10 through 20

## Immunizations (shots)

At some of the checkups, your child may need immunizations. Immunizations are shots that help the body fight disease. Each shot fights a different disease like chickenpox, measles or mumps. Children must have all the needed shots before they can start school. If you want to talk with someone about EPSDT, please call 1-877-903-0082, press 0, then press 78210.

## Family Planning Services (Birth Control)

You can get help with family planning from your primary care provider (PCP). You can also get help from family planning providers who are signed up with Passport Health Plan or at the health department. You do not need a referral for these services. You only need to show your Passport Health Plan ID card and your *KyHealth Choices* card.

## Domestic Violence

Many women and men can be physically or sexually abused at some point in their life. Abuse by a boyfriend, girlfriend, or spouse is called domestic violence. If you become a victim of domestic violence, please call the Center for Women and Families 24-hour Crisis Line at 1-877-803-7577.

## Child Abuse

If you think a child is being abused, please call the Adult and Child Abuse Reporting Hotline at 1-800-752-6200. Someone will look into this case and decide if there is abuse. No matter what the result may be, you will not get into any legal trouble for reporting a case.

## Preventive Health

### Staying Healthy

Working with your primary care provider (PCP) to stay healthy is just as important as getting care when you are sick. This is true for adults and children. Passport Health Plan covers preventive health services. Some include immunizations (shots) and screenings for lead poisoning in children, high blood pressure, cervical and breast cancer in adults. Healthy adults should visit their PCPs every 1 to 3 years for these preventive health services. Children should visit their PCPs according to the Early and Periodic, Screening, Diagnosis, and Treatment (EPSDT) schedule.

If you want to learn more about your preventive health benefits, see “Adult Preventive Health Recommendations” or “The EPSDT Program” in the back pocket of this Handbook or you may call Member Services.

## Nurse Advice Line – No Question is Too Simple or Too Hard!

Health advice is just a phone call away. Call your PCP first, before you call the Nurse Advice Line. If you cannot reach your PCP, registered nurses are here for you. They can give you answers that are easy to understand. You can call and talk with a registered nurse or listen to health topics any time of the day or night.

The nurses may help you:

- Decide if there is an emergency and if you need to go to the emergency room (ER).
- Learn about your health and medical concerns so you can explain them to your provider.

- Better understand and follow your provider's orders.
- Learn about the medicines you and your family are taking.
- Pick the best exercises and foods for you and your family.
- Know about medical tests and procedures.
- Understand specific medical problems like diabetes or asthma.

## Audio Health Library – Information at Your Fingertips!

Sometimes you may need or want basic health information. You can call the “Audio Health Library” for information on more than 400 health topics. Each topic has a message that is 3 to 5 minutes long. Some topics are in English and Spanish.

### Here is How to Call: 1-800-606-9880

If you have a touch-tone telephone, follow the steps listed below. If you are calling from a rotary dial phone, please stay on the line. A customer service representative will connect you to the Nurse Advice Line.

1. Call the toll-free number, 1-800-606-9880. If you are hearing impaired, please call the Kentucky Relay line at 1-800-648-6057. You will be connected to the Nurse Advice Line.
2. If you want to talk with a nurse, press 1.
3. If you want to choose a health information topic from the health information library, press 2.

**See the back of this Handbook for a list of topics and directions on how to use the “Audio Health Library Directions and Topics.”**

## 3. Your Rights and Responsibilities as a Passport Health Plan Member

### Rights & Responsibilities

Passport Health Plan wants you to know that you have certain rights and responsibilities. We believe you should always be treated with respect and dignity.

#### Your rights as a member:

1. Be treated with respect and dignity, and right to privacy and nondiscrimination, as required by law.
2. Choose a primary care provider (PCP) and request a change to another PCP.
3. Join your providers in making decisions about your health care. You may refuse treatment.
4. Ask questions and receive complete information about your medical condition and treatment options. This may include specialty care.
5. Voice grievances (complaints) or file an appeal about Passport Health Plan decisions that affect your privacy, benefits, or the care given to you. You may also file for a hearing with the Department for Medicaid Services.
6. Receive timely access to care that does not have any communication or physical barriers.
7. Make an advance directive, like a living will.
8. Look at and get a copy of your medical records, as permitted by law.
9. Receive timely referrals and access to medically needed specialty care.

10. Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
11. Receive information about Passport Health Plan, benefits, services, providers, and your rights and responsibilities.
12. Make suggestions about your rights and responsibilities.
13. Discuss treatment options, regardless of cost or benefit coverage.

### Your responsibilities as a member:

1. Learn about your rights.
2. Follow the policies and procedures of the Department for Medicaid Services and Passport Health Plan.
3. Learn about health services and treatment options.
4. Follow the steps of the Appeal Process.
5. Take part in personal health care decisions and practice a healthy lifestyle.
6. Keep appointments with providers and call to cancel appointments when you cannot be there.
7. Provide, to the best of your ability, information that Passport Health Plan and providers need to give you the best care possible.
8. Follow the orders and plans for care that you have agreed on with your providers.
9. Learn about your health problems and follow the orders and care plans that you and your providers have agreed upon.
10. Tell us if you suspect fraud or misuse of Passport Health Plan ID cards or benefits by a member or provider. To report fraud or misuse, please call Passport Health Plan's Fraud Waste and Abuse Hotline at 1-866-833-9718 or the Office of the Inspector General (OIG) at 1-800-372-2970.

## Getting Care if You Need an Interpreter or Translator

Are you a person who:

- Does not speak English?
- Does not speak English well?
- Has hearing problems?
- Has vision problems?

If you are one of these people or you know another Passport Health Plan member who is, the law says you can ask for an interpreter or translated material at no cost to you.

Here is what to do when you call Passport Health Plan:

- When you call Member Services, tell them the language you speak. They will make sure an interpreter is on the other line with you. You may also tell them if you would like information about the Plan in a different language or format such as a large type or Braille.

The law also says you have the right to receive interpretation or translation services, free of charge, when you visit your primary care provider, hospital, pharmacy or a specialist.

Here is what to do when you call a provider's office:

- When you call, tell them you will need an interpreter. You should also tell them the language you speak. They will make sure an interpreter is at your appointment.
- If you have any problems receiving interpretation or translation services, please call Member Services.

If you want to choose a provider who speaks a language other than English, call Member Services. They will help you find a provider within our service area who speaks your language, if one is available.

If a provider does not offer you an interpreter, you also have the right to file a complaint under Title VI. You must file the complaint within 180 days of the date the problem happens. Contact the Office of Civil Rights to find out more about how to file a complaint:

Office of Civil Rights, DHHS  
61 Forsyth Street, SW. - Suite 3B70  
Atlanta, GA 30303-8909  
(404) 562-7886  
TDD/TTY (404) 331-2867

## If You Have a Grievance or Wish to File an Appeal

### Grievance

We hope that you will always be satisfied with Passport Health Plan and our health care providers. When you have questions, concerns, or if you want to file a grievance, call Member Services at 1-800-578-0603 between 8:00 a.m. and 6:00 p.m., Monday through Friday. You may come to our office or write to us at:

Passport Health Plan  
Member Services Supervisor  
5100 Commerce Crossings Drive  
Louisville, KY 40229

### Appeal

If you are not happy with a decision made by Passport Health Plan, you may file an appeal with us, or you may request a State Hearing with the Department for Medicaid Services (DMS). You will not lose your Passport Health Plan membership or health care benefits if you file an appeal or ask for a State Hearing with DMS.

## Filing an Appeal with Passport Health Plan

- You, your provider, or your authorized representative may file your appeal. If your provider or someone other than your authorized person files your appeal, you must give him or her written permission to do so.
- Your appeal must be in writing. Passport Health Plan must receive the appeal within 30 calendar days of the date of the decision letter.
- If you ask for an appeal over the phone or in person, you must also give us a request in writing.

If you need help with filing your appeal, call Member Services at 1-800-578-0603. If you are a person with a hearing problem, you may call the TDD/TTY number at 1-800-691-5566.

Your written appeal should be sent to:

Appeals Coordinator  
Passport Health Plan  
5100 Commerce Crossings Drive  
Louisville, KY 40229

## What happens after you file an appeal?

- When you file an appeal, we will send you a letter within 3 business days. The letter will let you know that we have received your appeal. It will also tell you the date and time we will review your appeal.
- After you have filed your appeal, you can still send us anything related to your appeal. You can also present it in person on the appeal date stated in our letter.
- If at any time during the appeal process, you need more time to give us things related to your appeal, you may request up to 14 more days. This request must be in writing and sent to the Passport Health Plan appeals person.

- If we feel we cannot give you a fair decision within the required 30 calendar day time period, we may add up to 14 calendar days to our review time. We will send you a letter to let you know this.
- If you are getting authorized services that are now denied and you wish to keep getting these services, you must ask for an appeal in writing within 10 calendar days of the denial letter. Your request must clearly state that you wish to keep getting the services. You can keep getting services until the appeal decision is made. If the appeal decision agrees with Passport Health Plan's denial, you may have to pay for the services.
- Within 30 calendar days after we get your appeal, or within 44 calendar days if extra time is needed, we will send you a letter with our decision.
- If you do not agree with our decision about a specific issue, you have the right to a hearing with the Department for Medicaid Services (DMS). You can request a hearing at any time during Passport Health Plan's appeals process, but no later than 30 calendar days of the date of the last decision letter.
- You may also receive copies of any documents related to your appeal if you request them in writing.

Your written request should be sent to:  
 Appeals Coordinator  
 Passport Health Plan  
 5100 Commerce Crossings Drive  
 Louisville, KY 40229

### Medical Appeals

A provider, who is like your PCP or specialist, will look at your medical appeal. This provider will **not** be the same provider who decided to deny the service.

### Expedited (Faster) Appeals

You can request an expedited appeal if your appeal is about care that you believe is medically necessary and needed soon. If your request does not qualify for an expedited appeal, it will become a regular appeal. You can make your request by calling 1-800-578-0636 press 2, then press 0, and then press 77307. We will let you know of the decision within 72 hours.

### Non-Medical Appeals

The Passport Health Plan Appeals Committee will look at your non-medical appeal. For example, if you are denied chiropractic care beyond 26 visits or if you are placed in the lock-in program. The persons on this committee will be ones who had nothing to do with the decision you are appealing.

### Requesting a State Hearing with Department for Medicaid Services (DMS)

A State Hearing with the Department for Medicaid Services (DMS) is not a part of Passport Health Plan in any way. Passport Health Plan must follow the hearing decision.

- **Requesting a State Hearing If You Do Not Agree With A Passport Health Plan Decision** – You may request a State Hearing with DMS at anytime during Passport Health Plan's appeal process, but no later than 30 days of the date of the last Passport Health Plan decision letter.

- **Requesting a State Hearing to Leave Passport Health Plan** – You may request a State Hearing with DMS if you want to leave Passport Health Plan. The request for the State Hearing may be filed at anytime.

To request a State Hearing with DMS, you must submit your request in writing, by fax, or in person to:

Kentucky Department for Medicaid Services  
 Division of Administrative and  
 Financial Management  
 275 East Main St., 6W-C  
 Frankfort, KY 40621  
 Fax number: (502) 564-6917

If you have any questions about a State Hearing with DMS, please call 1-800-635-2570. If you are hearing impaired, please call the Kentucky Relay by dialing 711.

You may also contact Kentucky's Ombudsman if you have a complaint about your local Department for Community Based Services office or case worker:

Cabinet for Health Services  
 Office of the Ombudsman  
 275 East Main Street, 1E-B  
 Frankfort, KY 40621  
 1-800-372-2973

If you are hearing impaired, you may call the TDD/TTY number at 1-800-627-4702.

## 4. Other Information

### How Passport Health Plan Makes Decisions

Utilization Management (UM) is the part of Passport Health Plan that makes decisions about your health care benefits. We want all members to know the following about how we make decisions:

- UM decision-making is based only on appropriateness of care and service and existence of coverage. This means we check to see if a service is medically necessary and covered by Passport Health Plan before making decisions.
- Passport Health Plan does not reward providers or other individuals for issuing denials of coverage or service care. This means we do not reward anyone, including providers, for denying services to members.
- Financial incentives for UM decision-makers do not encourage decisions that result in underutilization. This means, we do not give anyone extra money for making decisions that keep you from getting the care you need when you need it.

Passport Health Plan wants its members to get the right care at the right time.

## If You Have Questions About Utilization Management (UM)

If you have questions about the Utilization Management (UM) process or a UM issue, call Member Services. If you call after business hours, you can leave a message and someone will call you the next business day. If you wish, you may come in person and talk with a Passport Health Plan representative. Our address is:

Passport Health Plan  
5100 Commerce Crossings Drive  
Louisville, KY 40229

## New Technologies

New technologies are medical treatments, drugs, or devices that have recently been developed and are not considered to be experimental. New ways of using current treatment, drugs or devices may also be seen as new technologies. New technologies are studied for safety and to see if they do what they are supposed to do. A new technology may still be studied until the right medical specialists see it as standard care. Passport Health Plan decides if a new method becomes a standard of care with help from specialist providers. The Plan adds new technologies to its benefits when it decides they are standard care.

## Advance Health Directives

An advance health directive lets you have a say about how you want to be treated if you get very sick. Having an advance health directive lets you choose the kind of health care you want. This way, those who care for you will not have to guess what you would want if you are too sick to tell them yourself.

There are 2 main types of advance health directives:

- A **living will** tells your family and your provider what kinds of treatment you want to receive as you near the end of your life or if you cannot speak for yourself.
- A **durable power of attorney** lets you pick a person to make medical decisions for you if you are too sick and cannot speak for yourself.

All adults should talk about an advance health directive with a primary care provider (PCP). As long as you can still make your own decisions, your advance directive will not be used. You can say “no” or “yes” to treatment at any time.

## If You Get a Bill or Statement

As a Passport Health Plan member, you should not get a bill for a covered service or treatment. But if you do not show your Passport Health Plan ID card and Medicaid (*KyHealth Choices*) card, you may get a bill or a statement. Always show both ID cards when getting services or treatment.

You should know that statements and bills are not the same even though they may look alike. A statement will say “**this is not a bill.**” Some providers will send statements every 10 days until the bill gets paid. This is done to keep you up-to-date on your account. A bill will list the amount you owe.

If you get a bill, you should call the provider office listed on it to make sure they have all your insurance information. If you still feel you were billed in error, you may call Passport Health Plan's Member Services. In order for us to help you, please have the following information:

- Provider's name (the person billing you).
- Account number (from the provider who is

billing you, not the collection agency).

- Date of service (the day the service was given to you).
- Provider's phone number.
- Total amount of bill (if you have this information).

Remember, always take your Passport Health Plan ID card and Medicaid (*KyHealth Choices*) card. This will help make sure you do not get a bill from a provider. If a collection agency calls you about a medical bill, please call Member Services.

*Our mission is  
to improve the health  
and quality of life  
of our members.*

# Passport Health Plan Service Area



Passport Health Plan  
5100 Commerce Crossings Drive  
Louisville, KY 40229  
[www.passporthealthplan.com](http://www.passporthealthplan.com)